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ABSTRACT

This paper describes a model for the evaluation of a children's residential treatment center which houses the emotionally disturbed and mentally handicapped. This model is derived from the transactional perspective discussed by Kelly and Newbrough. It suggests that serious consideration be given to those variables, particularly family life style development, which manifest themselves within the community and infringe upon the child's ability to cope within that context. The four areas of data collection for residential treatment program evaluation include: (1) a community baseline relating to the family system; (2) a residential baseline; (3) the child's behavior at the time of discharge; and (4) the conditions present at the time of the child's re-entry. The evaluation theoretical considerations raise a number of questions regarding key points where the study will focus. The procedure to be used in evaluating are briefly outlined. (Author)

COMMUNITY CONSIDERATIONS IN THE EVALUATION
OF CHILDREN'S RESIDENTIAL TREATMENT CENTER

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This report focuses on the development of an evaluation model for a children's residential treatment center in Champaign, Illinois. There are three cottages each of which houses up to 15 children, with an age range of 6-14 in the two cottages with emotionally disturbed children and 2-16 yr. in the cottage with mentally retarded children. Some concern was expressed when observations were made regarding the long-term effects of treatment. Although behavioral changes occurred in the cottages, these changes were not maintained in the community. Consequently, the present study was undertaken in order to ascertain the nature of those factors most relevant for the maintenance of the behavior changes within the community after having been made in the cottages. It is hypothesized that services focusing on such factors range from parental training to the determination and development of appropriate after-care facilities. An evaluation procedure has been developed out of certain theoretical considerations. It becomes important to delineate these in order to clarify the rationale of the model.

Behavior can be viewed as being transactional. In other words, behavior is seen as a function of the individual in a situation (or interrelationship) at a particular time. On the basis of behavior which occurs in a community and is labeled as deviant and unmanageable in relation to parents and/or teachers and/or courts at a particular time, a child or adolescent is recommended for treatment in a residential center. This can be referred to

as a transactional perspective based on social psychological processes (Newbrough, 1972).

A child learns how to deal with and adapt to the family system within which he is born. The family system also adapts to include its new members. The child as an interdependent member of that system develops his behavior and subsequent life-style as a function of that system. This is consistent with the ecological perspective of Kelly (1966), who said,

Behavior is not viewed as sick or well, but is defined as transactional--an outcome of reciprocal interactions between specific social situations and the individual. Adaptive behavior then can be expressed by any individual in a restricted number of social settings or in a variety of environments and can vary from time to time, as well as from place to place. The research task is to clarify the precise relationships between individual behavior and social structure that differentially affect various forms of adaptive behavior.

This is a process view of actors in a setting where, by acting, both the actors and setting change. The point of primary consideration in this study is that the residential treatment center is a different setting with different situational components and is a different social structure than the community; therefore, the events in a transactional sense are dissimilar. In fact, the behaviors emitted in the community situation will not necessarily occur in the treatment center, and behaviors emitted while in residence may never have occurred prior to admission.

MODEL

A 4-step evaluation model for residential treatment facilities will be proposed here. Steps 1 and 4 would provide an outcome-oriented evaluation which of necessity includes community data. Step 2 and 3 provide data whereby one could assess the treatment process within the residential center.

Step 1. Community Baseline

The child (or adolescent) exists in many interrelated systems. One is the family system where the elements are the particular child, his siblings, his parents, and those relatives that live within the family setting. The appreciation of the family as a system with the behavior of its members developing as a consequence of the individual family style (or rules) has been implied in the work of many (Hill, 1965; Jackson, 1965; Laing & Esterson, 1971; Litz, Fleck, & Cornelson, 1965; Sorells & Ford, 1969). A child usually enters residential treatment from a family residence and (at least at the facility at which the authors are employed) is most often returned to the family at discharge. Thus it is important that the child's behaviors be identified specifically in the home context, so that the residential treatment staff will have a knowledge of desired behavioral goals for the child.

It is also important that the treatment staff have a clear understanding of typical patterns of family interaction (or game rules) and of how they may have to be modified in order to enable the family system to readmit a child whose behavior has changed and to maintain the child's behavior at acceptable levels.

Next to the family, the school is probably the next system in which a child must exhibit "acceptable" situational behavior in order to be tolerated in a community. Again, accurate specification of "deviant" behaviors in relation to specific situations with significant others, including accurate specification of the current school norms and routines, would be mandatory if the child is to be reintegrated into a public school system at a later date.

Step 2. Residential Baseline

Because we assume that behavior is situationally determined, it becomes relevant to ask whether the "deviant" behaviors observed in the community (and for which the child has been admitted to a treatment facility) can be elicited in the residential setting. If they do not occur when the child is removed from the community setting, they are inaccessible to modification outside of that setting (at least to those relying on behavioral methods of treatment). If the behaviors do occur in residence, it cannot be assumed that they will occur with the same intensity and frequency as they did in the community, and the residential facility will need to determine its own baseline from which to measure progress within the facility. Last, the residential staff may note that the child engages in inappropriate behaviors not noted in the community baseline data. At this point, the decision must be made concerning whether to treat the child for these behaviors--Are they particularly dangerous? Were they overlooked even though they did occur in the outside community? Or the staff may assume that they will automatically drop out once the child is removed from the "artificial" residential facility.

Step 3: Behavior at Time of Discharge

Residential personnel will want to rate the progress the child has made at their facility. They will want to compare his residential baseline behavior with his behavior during the period immediately preceding discharge. While, hopefully, the child who threw severe temper tantrums several times a day in the community and upon admission to residence is throwing few, we have no reason to believe that, if there are few tantrums at discharge, the treatment was effective. What is more likely is that situational factors

were the primary determinants. In short, we cannot expect the community to maintain the "improved" behavior of the child, if the child's behavior has not been improved. By this time, it is also hoped that staff have been able to utilize community baseline data on patterns of family interaction to help the family system alter itself so as to be able to readmit the "changed" child and to maintain that child's gains. The community must be prepared for the child, and the child must be prepared for the community.

Step 4: Community Follow-up

The question asked here is "How well is the child able to be reintegrated back into the community situation?" After all, there is no point in removing a child from his community and maintaining him at a residential facility for 6-9 mo. at great expense, only to send him back to a community situation which is not prepared to help him maintain his gains. If the people in the community are not prepared for the return of the child, as well as the child himself, the effects of the child's treatment will be short-lived. This raises the serious question of whether or not the treatment program has been worthwhile. In order to implement step 4, there needs to be a close bridge between the residential center and the community. Workers will have to maintain communication among the various community agencies and systems (school and family) involved with a particular child.

Most evaluations are limited to Steps 2 and 3. However, when viewing behavior from the transactional system model advocated here, Steps 1 and 4 become crucial. In fact, evaluation concerning effectiveness of treatment at every level must focus upon and show an appreciation of the network of systems from which the individual developed his particular style of life and

behavior patterns. Viewing behavior from an ecological and transactional viewpoint has provided us with a perspective for approaching the criterion problem. We are thus now in a position to answer the question, "How well is that child able to make it back into the community situation?"--which is perhaps the only true criterion for the evaluation of a residential treatment center.

QUESTIONS

As a consequence of these theoretical considerations, several questions regarding evaluation can be deduced. Also the procedures for data collection relevant to dealing with these questions are presented.

1. When the child develops a life-style for coping in family system, (a) what are the other systems the child comes in contact with where his family coping system may be nonadaptable (usually school, peer group)? (b) What are the other key interactions (with school personnel, peers, police) the child has when/where the labelling process begins (i.e., aggressive, disturbing, disruptive)?

2. Would it be possible to predict the outcome of a child's residential stay on the basis of input data alone (i.e., family structure and environmental labeling) and independent of treatment?

3. How can we alter and measure what the community perceives and labels as the child's problem? (This may be the most critical aspect of the treatment process, since the maintenance of these labels may be the most significant factor in sustaining the deviant behavior.

PROCEDURE

The sequence of procedures followed at Adler is outlined below,

steps 1-4. First (step 1) there is a review of current case histories of children presently in residential care at Adler. (Questions that come up can be dealt with because of the current involvement.) An attempt is made to determine the child's pathway through the mental health agency system: (a) What is the problem? (b) Who first detected problem? (c) What action was taken? (d) What is the movement across systems to Adler?

The Adler baseline data (step 2) is determined by the development of goals in the center, and the relationship of residential goals to community problems.

Adler discharge data (step 3) is dependent on goal progress (pre-post) and community involvement in "phase back in" period.

Follow up (step 4) involves questions regarding items to be followed up which are rated and written by those who treated the child--cottage, school, and community workers. These questions are put in form that is quantifiable.

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